



Office of the National Registrar

Official Transcript Request Form

Please fill out one request form for each address to which you want your transcript sent. You must print the form and follow the directions below. This is not an electronic form.

<input type="checkbox"/> Cincinnati	Degree Program	Last Year Enrolled or Graduated		Number of Copies	
<input type="checkbox"/> Los Angeles					
<input type="checkbox"/> New York					
Last Name (Name used while in attendance)		First Name		Middle Initial	Maiden Name
Current Street Address				Date of Birth	
City		State	Zip Code	Telephone Number	
Signature		Email Address		Today's Date	

Please allow 3-5 working days once received by the Office of the National Registrar for processing. There may be delays during grading periods at the end of each semester.

Mail To:

Name/Organization			<p>There is a \$5.00 charge for each transcript requested.</p> <p>Mail To: Hebrew Union College Jewish Institute of Religion Office of the National Registrar Brookdale Center One West 4th Street New York, NY 10012</p> <p>You may fax your request to (212) 533-0129</p>
Street Address			
City	State	Zip Code	

Billing Information:

Cardholder Name	Card Number	Expiration Date
Cardholder's Signature		